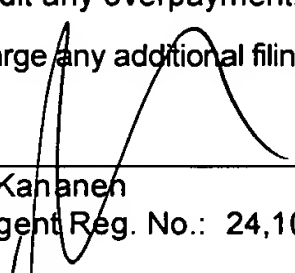




1 FW 28760

|   |                                  |                                   |                             |                                 |               |
|---|----------------------------------|-----------------------------------|-----------------------------|---------------------------------|---------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>   |                                  |                                   |                             | Docket No.<br>SON-1905          |               |
| Application No.<br>09/665,667-Conf. #5559   |                                  | Filing Date<br>September 20, 2000 |                             | Examiner<br>K. D. Nguyen        |               |
| Art Unit<br>2876  |                                  |                                   |                             |                                 |               |
| Applicant(s): Takaharu Kitada   |                                  |                                   |                             |                                 |               |
| Invention: SON 1905 INFORMATION PROCESSING SYSTEM, HAND HELD CELLULAR PHONE, AND INFORMATION PROCESSING METHOD  |                                  |                                   |                             |                                 |               |
| <b>TO THE COMMISSIONER FOR PATENTS</b>  |                                  |                                   |                             |                                 |               |
| Transmitted herewith is an amendment in the above-identified application.   |                                  |                                   |                             |                                 |               |
| The fee has been calculated and is transmitted as shown below.  |                                  |                                   |                             |                                 |               |
| <b>CLAIMS AS AMENDED</b>  |                                  |                                   |                             |                                 |               |
|   | Claims Remaining After Amendment | Highest Number Previously Paid    | Number Extra Claims Present | Rate                            |               |
| Total Claims  | 36                               | - 32 =                            | 4                           | x 50.00                         | 200.00        |
| Independent Claims  | 2                                | - 4 =                             | 0                           | x 210.00                        | 0.00          |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                  |                                   |                             |                                 |               |
| Other fee (please specify):   |                                  |                                   |                             |                                 |               |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |                                  |                                   |                             |                                 | <b>200.00</b> |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity  |                                  |                                   |                             |                                 |               |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                   |                             |                                 |               |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____<br>A duplicate copy of this sheet is enclosed.   |                                  |                                   |                             |                                 |               |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.   |                                  |                                   |                             |                                 |               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |                                   |                             |                                 |               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u><br>as described below. A duplicate copy of this sheet is enclosed.  |                                  |                                   |                             |                                 |               |
| <input checked="" type="checkbox"/> Credit any overpayment.   |                                  |                                   |                             |                                 |               |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |                                  |                                   |                             |                                 |               |
| <div><br/>_____<br/>Ronald P. Kananen<br/>Attorney/Agent Reg. No.: 24,104<br/><br/>RADER, FISHMAN &amp; GRAUER PLLC<br/>1233 20th Street, N.W.<br/>Suite 501<br/>Washington, DC 20036<br/>(202) 955-3750</div> |                                  |                                   |                             | Dated: <u>December 20, 2007</u> |               |



Docket No.: SON-1905  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Takaharu Kitada

Application No.: 09/665,667

Confirmation No.: 5559

Filed: September 20, 2000

Art Unit: 2876

For: INFORMATION PROCESSING SYSTEM,  
HAND HELD CELLULAR PHONE, AND  
INFORMATION PROCESSING METHOD

Examiner: K. D. Nguyen

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated October 15, 2007, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.

12/21/2007 CNGUYEN2 00000037 100013 09665667  
01 FC:1202 200.00 DA